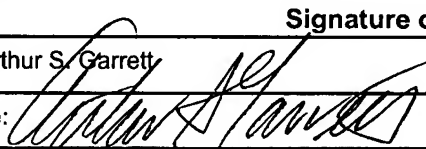


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<b>REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL</b>  Address to: <b>Mail Stop RCE</b> Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450		Application Number: 10/512,410	Confirmation Number: 4613
		Filing Date: October 25, 2004	
		First Named Inventor: Susumu Hoshi	
		Group Art Unit: 1711	
		Examiner: Jeffrey C. Mullis	
		Attorney Docket Number: 3327-2329	
<b>This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application.</b> Request for Continued Examination (RCE) practice under 37 C.F.R. § 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.			
<b>1. Submission required under 37 C.F.R. § 1.114: <u>Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise.</u> If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment.</b>			
<div style="display: flex; flex-direction: column;"><div style="margin-bottom: 10px;">a. <input type="checkbox"/> Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.</div><div style="margin-bottom: 10px;">i. <input type="checkbox"/> Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____.</div><div style="margin-bottom: 10px;">ii. <input type="checkbox"/> Other _____</div><div style="margin-bottom: 10px;">b. <input type="checkbox"/> <b>DO NOT ENTER</b> the amendment(s) previously filed on _____. An alternate submission is attached.</div><div style="margin-bottom: 10px;">c. <input checked="" type="checkbox"/> Enclosed submission: <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div style="width: 45%;">i. <input checked="" type="checkbox"/> Amendment/Reply</div><div style="width: 45%;">iii. <input type="checkbox"/> Information Disclosure Statement</div></div><div style="display: flex; justify-content: space-between; margin-top: 5px;"><div style="width: 45%;">ii. <input type="checkbox"/> Affidavit(s)/Declaration(s)</div><div style="width: 45%;">iv. <input type="checkbox"/> Other _____</div></div></div></div>			
<b>2. Miscellaneous</b> <div style="margin-top: 5px;">a. <input type="checkbox"/> Suspension of action on the above-mentioned application is requested under 37 C.F.R. § 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; fee under 37 C.F.R. § 1.17(i) required.)</div> <div style="margin-top: 5px;">b. <input type="checkbox"/> Other _____</div>			
<b>3. Fees</b> <div style="margin-top: 5px;">a. <input checked="" type="checkbox"/> The filing fee is calculated as follows:<div style="margin-top: 5px;">i. <input checked="" type="checkbox"/> \$790.00 RCE fee required under 37 C.F.R. § 1.17(e)</div><div style="margin-top: 5px;">ii. <input checked="" type="checkbox"/> Petition for extension of time for (3 MonthS) \$1,020.00</div><div style="margin-top: 5px;">iii. <input type="checkbox"/> Other _____</div></div> <div style="margin-top: 5px;">b. <input checked="" type="checkbox"/> Check in the amount of \$1,810.00 enclosed.</div> <div style="margin-top: 5px;">c. <input checked="" type="checkbox"/> The Commissioner is authorized to charge any deficiencies in the filing fees, or credit any overpayments to Deposit Account 06-0916.</div>			
<b>Signature of Applicant, Attorney, or Agent Required</b>			
Name: Arthur S. Garrett		Reg. No.: 20,338 FC:1801	
Signature: 		Date: May 15, 2007	
<b>Certificate of Mailing or Transmission</b>			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to Commissioner for Patents, MAIL STOP RCE, P.O. Box 1450, Alexandria, VA. 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on: [Date]			
Name: _____			
Signature: _____		Date: _____	